

# EMERGENCY EQUIPMENT RENTAL AGREEMENT

<b>1. ORDERING OFFICE (name and address)</b> Department of Natural Resources & Conservation Attn: Jeff Williams PO Box 201601 Helena MT 59620-1601		<b>AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT</b> <b>2. AGREEMENT NUMBER</b> 065310-31 <u>AG-0343-C-06-3027</u>	
<b>4. CONTRACTOR a. name and address</b> Mon-Dak Construction Supply PO Box 412 Glendive MT 59330		<b>3. EFFECTIVE DATES</b> a. beginning <u>6/1/06</u> b. ending <u>5/31/07</u>	
		<b>5. POINT OF HIRE (location at time of hire)</b> Glendive MT 59330	
<b>b. SSN or Tax ID#</b> 81-0377450 <b>b.1 DUNS Number</b> <u>089511380</u>		<b>6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY</b> <input checked="" type="checkbox"/> <b>CONTRACTOR</b> <input type="checkbox"/> <b>GOVERNMENT</b>	
<b>c. telephone number (day)</b> 406-377-6330	<b>d. telephone number (night)</b> 406-377-6330	<b>7. OPERATOR FURNISHED BY</b> <input checked="" type="checkbox"/> <b>CONTRACTOR</b> <input type="checkbox"/> <b>GOVERNMENT</b>	

**8. TYPE OF CONTRACTOR (X appropriate boxes)**  
☒ SMALL BUSINESS    ☐ LARGE BUSINESS    ☐ SMALL DISADVANTAGED OWNED    ☐ WOMEN OWNED    ☐ LABOR SURPLUS AREA    ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY ONE OPERATIONAL PERIOD**		12. SPECIAL TWO OPERATIONAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
Portable Toilet Rental Standard Unit		\$75.00	Day			
Mileage Delivery/Retrieval/Service Calls (over 75 mi. Radius)		\$1.50	mi.			
Mileage rate for less than 5 units Delivery/Retrieval/Service Calls (75 mile radius does not apply)		\$1.50	mi.			
Additional Service Calls if requested		\$37.50	Ea.			
Mileage for Additional Service Calls if requested (75 mile radius does not apply)		\$1.50	mi.			
Reset Fee within camp		\$0	Ea.			

## 14. SPECIAL PROVISIONS


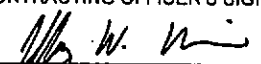
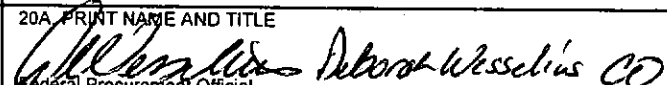
- (a.) The Provisions of IFB 065310CSW and General Clauses along with replacement clauses are attached and incorporated herein. See attached DNRC General Provisions, Federal Acquisition Regulations (FAR) clauses, NRCG Supplemental Terms and Conditions to the General Clauses of the EERA, OF-294, and the Register of Wage Determination Under the Service Contract Act.
- b. For service calls, mileage shall be calculated from the vendor's base or lodging point to the toilet location and return to one of the above via dump station. Service includes cleaning, sanitizing, pumping and refilling of supplies and liquids.
- c. Contractor is responsible for proper removal and disposal of wastewater. Contractor is responsible for all permits. Disposal fees to the nearest dump site, if applicable, will be reimbursed by the government. Receipts are necessary for payments.
- d. Portable toilets and hand wash stations. No service charge will be paid for the first day of delivery unless the contractor is requested to return that day to service units. Mileage to be paid for delivery of less than 5 units to a location (75 mi. radius does not apply). There will be no pickup charge except for service and mileage the last day.
- e. Reset fee: No mileage paid within the camp area. Mileage only will be charged for each trailer load if units are to be moved outside of the camp location. One day notification is required so contractor can bring required trailer for moving units.

\*\* For the purpose of this ERA, an operational period is 24 hours.

**Due to the immediate needs dictated by wildland fire fighting activities, the normal procedures to document contractor deviations cannot be followed. If the contractor services/equipment fails to meet or exceed**

requirements, the contracting agency may take whatever steps are necessary to obtain services/equipment which meets their needs

f. This EERA is void if not presented with a valid Incident Specific Resource Order or Number

15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 6-1-06	17. CONTRACTING OFFICER'S SIGNATURE 	18. DATE 6/7/06
19. PRINT NAME AND TITLE Craig Bialorucki - owner		20. PRINT NAME AND TITLE Jeffry W. Williams DNRC Purchasing Agent	
		20A. PRINT NAME AND TITLE  Federal Procurement Official	

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**General Information**

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Current Registration Status: **Incomplete Registration** last referenced Thursday, March 24, 2005. Registrant has initiated entry of a new CCR profile, which is missing one or more mandatory data elements. Registrant should review their CCR profile (using Confirmation # update) and supply missing information.

DUNS: 089511380  
DUNS PLUS4:  
CAGE/NCAGE Code:  
Legal Business Name: **MON DAK CONSTRUCTION SUPPLY**  
Doing Business As (DBA):  
Division Name:  
Division Number:  
Company URL:

Physical Street Address 1: **916 JEFFERSON SCHOOL RD**  
Physical Street Address 2:  
Physical City: **GLENDIVE**  
Physical State: **MT**  
Physical Zip/Postal Code: **59330-0412**  
Physical Country: **USA**

Mailing Name: **MON DAK CONSTRUCTION SUPPLY**  
Mailing Address: **P.O. BOX 412**  
Mailing Address 2:  
Mailing City: **GLENDIVE**  
Mailing State: **MT**  
Mailing Zip/Postal Code: **59330-0412**  
Mailing Country: **USA**

Business Start Date: **06/01/1977**

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**Corporate Information**

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Type of Organization  
**Sole Proprietorship**

Business Types/Grants  
**VN - Contracts**

JWOD Non-Profit Agency  
**No**

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**Goods / Services**

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North American Industry Classification System (NAICS)Standard Industrial Classification (SIC)Product Service Codes (PSC)Federal Supply Classification (FSC)

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**Small Business Types**

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This information comes from the Small Business Administration and is not editable by CCR vendor

Business TypesExpiration DateNorth American Industry Classification System (NAICS)

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**Points of Contact**

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Government Business POC Primary

Name:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip/Postal Code:  
Country:  
U.S. Phone:           Ext:  
Non-U.S. Phone:  
Fax:

Government Business POC Alternate

Name:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip/Postal Code:  
Country:  
U.S. Phone:           Ext:  
Non-U.S. Phone:  
Fax:

Past Performance POC Primary

Name:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip/Postal Code:  
Country:  
U.S. Phone:           Ext:  
Non-U.S. Phone:  
Fax:

Past Performance POC Alternate

Name:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip/Postal Code:  
Country:  
U.S. Phone:           Ext:  
Non-U.S. Phone:  
Fax:

Electronic Business POC Primary

Name:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip/Postal Code:  
Country:

Electronic Business POC Alternate

Name:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip/Postal Code:  
Country:

U.S. Phone:           Ext:  
Non-U.S. Phone:  
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